

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM STATE ETHICS COMMISSION (Type of Print Clearly)

(Type or Print Clearly)

PART I LOBBYIST	(1) ype of 1 fill			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Kane	Joelle	Segawa	(808) 531-2023	
MAILING ADDRESS (Street)			FAX	
745 Fort Street, Suite 1550			(808) 531-2408	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Henderson Gallagher & Kane			(808) 531-2023	
MAILING ADDRESS (Street)			FAX	
Same as above			(808) 531-2408	
(City)	(City) (State)		(Zip Code)	
, ,,	(Carry)		(2.5 0000)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Ethanol Research Hawa	(808) 548-6500				
MAILING ADDRESS (Street)		FAX			
735 Bishop Street, Suite	(808) 548-6510				
(City)	(State)	(Zip Code)			
Honolulu	HI	96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Sherrie Thomas		(808) 548-6500			
MAILING ADDRESS (Street)		FAX			
735 Bishop Street, Suite 412		(808) 548-6510			
(City)	(State)	(Zip Code)			
Honolulu	HI	96813			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
						
PART IV CERTIFICATION						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
2/7/07						
	(Signature of Lobbyist)		(Date)			
			(Duto)			
PART V AUTHORIZATIO	N TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Dan KenKnight	Manager					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Ethanol Research Hawaii LLC/Oahu Ethanol Corporation			(808) 548-6500			
MAILING ADDRESS (Street)			FAX			
735 Bishop Street, Suite 412			(808) 548-6510			
(City)	(State)	(Zip Code)			
Honolulu	HI	HI 96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Authorizing Officer or Person Represented)		sented)	(Date)			